## THERAPY RULE PROVIDER QUESTIONS AND ANSWERS

Questions	Answers
1. What providers are affected under the therapy rule?	Physical therapists (PT), occupational therapists (OT), and speech-language pathologists (SLP) are affected when located in outpatient hospitals, outpatient rehabilitation facilities, comprehensive outpatient rehabilitation facilities, nursing facilities, developmental disability agencies, school-based services, independent practitioners, and home health agencies.
2. When will the therapy rule be implemented?	Therapists will be able to become Medicaid providers beginning June 1, 2008.
3. What are the visit limitations for physical therapy, occupational therapy, and speech-language pathology?	Participants are limited to 25 physical therapy visits, 25 occupational therapy visits, and/or 40 speech-language pathology visits per calendar year before a prior authorization is required.
4. Are all provider types included in the visit limitations?	School-based services are excluded from the visit limitations. Home Health will remain the same at 100 visits per calendar year, and will now include speech-language pathology services.
5. How should school-based services and outpatient services be coordinated?	School-based services are responsible for coordinating the plan of care with outpatient services. This coordination will eliminate the duplication of services.
6. How can I obtain the therapy rules and other regulations?	The easiest way to obtain Medicaid rules is at the Therapy Services webpage. You are also able to access rules at the state of Idaho Web site: <a href="http://www.accessidaho.org/">http://www.accessidaho.org/</a> . Under Laws and Rules, Administrative Code, Idaho Administrative Code, Department of Health and Welfare; The Therapy Rule is found in 16.03.09 (Basic Plan). DDA rules are found in 16.03.10 (Enhanced Plan).
7. How do I become a Medicaid provider?	A provider must be registered with a NPI number before completing a provider application. A provider enrollment application can be found at: <a href="http://www.healthandwelfare.idaho.gov/site/3348/default.aspx">http://www.healthandwelfare.idaho.gov/site/3348/default.aspx</a> . The "Healing Arts" application is required for PT, OT, and SLP. Enrollment packet should be returned to: EDS Provider Enrollment Phone: 208-383-4310  PO Box 23 Toll free: 800-685-3757  Boise, ID 83707 Fax: 208-395-2198
8. How do I enroll as a group	You must first apply as an individual. All providers within a group practice are required to have

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practice?	individual provider numbers. Once all providers have a number, a group application may be completed.
9. How do I submit a claim to Medicaid as a group practice?	The services should be billed using the group provider number. The individual who provided the service is also required to include their individual provider number on the claim.
10. Where can I find information on billing/claims? Who do I contact with billing questions?	The Medicaid Provider Handbook is an important resource for claims and billing information. It is found at: <a href="http://www.healthandwelfare.idaho.gov/site/3438/default.aspx">http://www.healthandwelfare.idaho.gov/site/3438/default.aspx</a> . Information for independent practitioners is under Section 3: Healing Arts.
	For specific claims questions, please contact Medicaid's fiscal agent, EDS, at: (800) 685-3757, or (208) 383-4310.
11. What is the reimbursement rate for independent practitioners? What is the rate for therapy assistants?	The reimbursement rate for independent PT, OT, and SLP is listed under Medicaid's numerical fee schedule, which is searched using CPT codes, and is found at: <a href="http://www.healthandwelfare.idaho.gov/site/3502/default.aspx">http://www.healthandwelfare.idaho.gov/site/3502/default.aspx</a> . The listed reimbursement rates include the services of a therapy assistant. Also, beginning June 2, 2008 there will be a specific Therapy Services Fee Schedule including a condensed list of CPT codes reimbursable for independent therapist, and is found at: <a href="http://www.healthandwelfare.idaho.gov/portal/alias Rainbow/lang en-US/tabID_3502/DesktopDefault.aspx">http://www.healthandwelfare.idaho.gov/portal/alias Rainbow/lang en-US/tabID_3502/DesktopDefault.aspx</a>
12. Are therapy assistants allowed to bill Medicaid?	No, a therapy assistant cannot bill Medicaid directly because they are not able to become a Medicaid provider.
13. Who do I contact for policy questions?	The Division of Medicaid, Medical Care Management Unit can answer specific policy questions. Please contact Jeanne Siroky at: 364-1897, or Lauren Brandau at: 364-1835.
14. Who do I contact for prior authorization requests? How do I prior authorize visits?	The Division of Medicaid, Medical Care Management Unit will be handling the prior authorizations for PT, OT, and SLP. Refer to the Healing Arts Provider Handbook for a complete description of documentation required for a PA. All requests may be faxed to: 332-7280, or contact Nicole Martin at: 364-1904.
15. Do I have to be a Medicare provider?	<ul> <li>You are required to be identified by Medicare as an independent practitioner prior to becoming enrolled as a Medicaid provider, with the following exceptions:</li> <li>If you are a pediatric therapist and will not see any Medicare participants, you are not required to obtain Medicare certification and will only be required to enroll as a Medicaid provider;</li> <li>Speech-language pathologists are not identified by Medicare as independent practitioners, and therefore are only required to enroll as a Medicaid provider.</li> </ul>

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Please submit questions for which no answer is provided above to: <u>BrandauL@dhw.idaho.gov</u>

We will develop answers to new questions as quickly as possible.

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